



HD PERFECT AUTOWORK PTE LTD

Co. & GST Reg. No.: 202136904Z

8 Kaki Bukit Avenue 4

Premier @ Kaki Bukit

#08-41, Singapore 415875

Tel: +65 6341 6789 | Fax: +65 6341 6778

Email: hdperfectautowork@gmail.com

Date: 23.01.2026

ATTN: Motor Claims Department

INS : **AIG ASIA PACIFIC INSURANCE PTE LTD**

Dear Sir/Madam,

Accident Involving: SNM679H & GBK1860X

Date of Accident: 30.11.2024

Location: BUKIT PANJANG CC OSCP

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$ 6,267.50</u>
Loss of Use:	
(\$180 X 10 Days):	<u>\$ 1,800.00</u> (7Repair Days + 1Sunday + 1PH + 1PRI)
3P GIA REPORT	<u>\$ 31.00</u> (PH=X'mas Day)
Grand Total:	<u>\$ 8,098.50</u>

The above-mentioned settlement is in respect for our client of damage pertaining to his/her motor vehicle and shall not prejudice our client's claim in respect of damages and consequential loss in relation to his/her personal injuries.

Thank You,


Joanne
82979787



HD PERFECT
AUTOWORK PTE LTD

HD Perfect Autowork Pte. Ltd.
Co. Reg No: 202136904Z
8 Kaki Bukit Avenue 4
#08-09 Premier @ Kaki Bukit
Singapore 415875
Tel: 6341 6789 Fax: 6341 6778
Email: hdperfectautowork@gmail.com

Authorisation To Act

I, Tan Teck Chai ("the third party claimant") of
40 Sims Drive #11-27 S-380040.
(address), owner of SNM679H (vehicle no.)
hereby authorise HD Perfect Autowork Pte Ltd. ("the workshop")
to act for me with respect to my claim for repair costs and / or rental and / or
loss of use ("claim") for my vehicle no. SNM679H that was
damaged pursuant to the accident which occurred on 30/11/2024 (date)
at/along Bukit Panjang CC OSCP.
(location) involving vehicle no/s GBK1860X ("the accident").

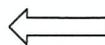
I further hereby authorise the workshop to settle my above mentioned claim in a manner that they deem it fit and the workshop is further authorised to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further authorise the workshop to execute and/or sign any documents/discharge vouchers/agreements regarding my/our claim/case for my/our convenience.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis in so far as any other claim (s) whatsoever by me and/or the driver/owner/insurers of the other vehicle/s arising from the aforesaid accident concerned.

Dated this 30 day of 11 (month) 20 24 (year)

Signed by "the third party claimant"



Signed by "the workshop"



HD Perfect Autowork Pte. Ltd.
Co. Reg No: 202136904Z
8 Kaki Bukit Avenue 4
#08-09 Premier @ Kaki Bukit
Singapore 415875
Tel: 6341 6789 Fax: 6341 6778
Email: hdperfectautowork@gmail.com

Letter of Authorisation & Indemnity

Accident involving motor vehicles no. SNM679H and GBK1860X on 30/11/24
at/along Bukit Panjang CC OSCP

1. I/We, the Owner of motor vehicle no. SNM679H hereby instruct and authorise HD Perfect Autowork Pte Ltd ("the workshop") to appoint an independent surveyor on my/our behalf to inspect my/our motor vehicle and to commence repairs immediately to the said motor vehicle in accordance with the report of the independent surveyor. Pending the outcome of my/our claim against the third party, I/we forthwith pay you the sum of \$_____ being refundable deposit of the repair to my/our said vehicle.
2. You are further authorised to appoint solicitors on my/our behalf and to instruct the solicitors fully as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
3. You have my/our full authorisation/approval/consent hereby to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem it fit.
4. My/Our solicitors shall also accept this as my/our irrevocable authority to pay the compensation monies from my/our third party claim directly to you after deducting their costs on a Solicitor and Client basis.
5. Upon resolving my/our claim, you are also hereby authorised to agree with my/our solicitors on the amount of their professional costs and disbursements incurred in thereby acting for me/us and to receive and make payment of the balance of the settlement sum on my/our behalf directly into your account.
6. I/We undertake and agree to fully co-operate with you and my/our solicitors to recover my claim successfully and also hereby consent and authorise you to instruct my/our solicitors to commence legal proceedings and to take all necessary steps to recover the claim from the negligent party where necessary.
7. I/we also hereby instruct and authorise you to deduct directly from the claim monies received from the third party all outstanding balances that are still owing to you, namely the balance of repair costs and rental of substitute vehicles.
8. In the event that I/we am/are required to attend at my/our solicitor's office for purposes of giving my/our further instructions on the accident matter, to sign court documents and to attend Court hearings in connection with my/our claim, I/we shall render my/our full co-operation to my/our solicitors.
9. In the event that my/our claim against the third party and/or his insurers is not successful at any stage of the recovery of my/our claim procedure including court proceedings, if any, and/or cannot be proceeded with and/or if any Judgement or settlement is not honoured or satisfied by the third party and/or the third party and/or his insurers make an offer to pay less than the amount claimed by you for whatever reasons, I/we agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred and to also indemnify you in respect of my/our solicitor's costs and disbursements thereby incurred on my/our behalf or to pay you the difference in amount, as the case may be.
10. I/we shall keep you informed of any correspondences and/or summons that I may receive due to this action agreeing to pay or receive any monies due to this claim.

Dated this 30 day of 11 2024

Signature of vehicle owner _____

Name: Tan Teck Chai

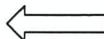
IC/UEN No: 87674183B

(Company stamp, if applicable)

Address: 40 Sims Drive

#11-27 S-380040

Tel: 9851 3454



Witnessed by: Xin



"My execution of this Discharge Voucher is only for my claim for property damage and not judicial to any other claims"

AUTHORIZATION TO ACT
(AIG Asia Pacific - Express Third Party Claim)

I, Tan Teck Chai ("the third party claimant")
of 40 Sims Drive #11-217 S-380040 (address),
owner of SNM679H (vehicle no.) hereby authorize
HD Perfect Autowork Pte Ltd.

("the workshop") to act for me with respect to my claim for
repair costs and/or rental and/or loss of use ("claim") for my
vehicle no. SNM679H that was damaged pursuant to the
accident which occurred on 30/11/24 (date) along
Bukit Panjang CC OSCP. (location)
involving vehicle no/s GBK1860X
("the accident").

I further authorize the workshop to settle my above mentioned
claim in a manner that they deem fit and the workshop is further
authorized to receive payment further to settlement of my claim
with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach
on my behalf is on a without prejudice and without admission of
liability basis insofar as the driver/owner/insurers of the other
vehicle/s is concerned.

Dated this 30 day of 11 (month) 20 24 (year)

Signed by "the third party claimant"

Signed by "the workshop"
(with chop)



HD PERFECT
AUTOWORK PTE LTD
UEN: 202136904Z

TAX INVOICE

HD PERFECT AUTOWORK PTE LTD

Co. Reg No: 202136904Z

8 Kaki Bukit Avenue 4

#08-41 Premier @ Kaki Bukit

Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

Email: hdperfectautowork@gmail.com

GST Reg. No. : 202136904Z



HD PERFECT
AUTOWORK PTE LTD

Date	Invoice Number	Vehicle Number
23.01.2026	HDP202601-01191	SNM679H

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY

#07-12 AIG BUILDING

SINGAPORE 079120

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 5,750.00
Total	\$ 5,750.00
Add: 9% GST	\$ 517.50
Total	\$ 6,267.50

Please indicate the invoice number on the reverse side.

HD PERFECT AUTOWORK PTE LTD

AUTO Generated - Signature Not Required



GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE
9 Temasek Boulevard #42-01b, Singapore 038989
Email: gears-support@shift-technology.com
GST Reg No: M400017735
UEN: S66SS0020G

TAX INVOICE

HD Perfect Autowork Pte Ltd - Tan
Teck Chai

Invoice Number
GR-2024-008249

Invoice Issue Date
03 Dec 2024

Invoice Due Date
10 Dec 2024

Total Amount (S\$) 28.44
Total GST 9.00% (S\$) 2.56
Total Amount Incl. of GST (S\$) 31.00

Bill Type	Reference	Amount (S\$)	GST 9.00% (S\$)	Amount Incl. of GST (S\$)
Sale of Accident Report - Publ	02/12/2024,30/11/2024,SNM679H,GBK1860X	28.44	2.56	31.00
		Total Amount (S\$)		28.44
		Total GST 9.00% (S\$)		2.56
		Total Amount Incl. of GST (S\$)		31.00

*This is a computer generated document.
No signature is required.*

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of First Submission	02/12/2024 16:14 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/11/2024 11:25 (SGT)
Accident Location of Accident	8 Pending Rd, Singapore 678295
Additional Location Information	BUKIT PANJANG CC OSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNM679H

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN TECK CHAI
NRIC No	SXXXX183B
Email Address	ALEX.TAN571@GMAIL.COM
Mobile Phone No	(Phone) +65-98513454
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Byd
Model	ATTO 3
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	0
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	TAN TECK CHAI
NRIC No	SXXXX183B
Date Of Birth	07/04/1976
Occupation	Indoor
Driving Pass Date	04/12/1999
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	24 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98513454
Alt. Phone Number	-
Email Address	ALEX.TAN571@GMAIL.COM
Address	40 SIMS DRIVE
Address complement	#11-217
Postcode	380040
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK1860X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	DRIVER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SNM679H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
 2. This Form must be completed by the Policyholder and/or the Actual Driver.
 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to reputate policy liability.
 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
 6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

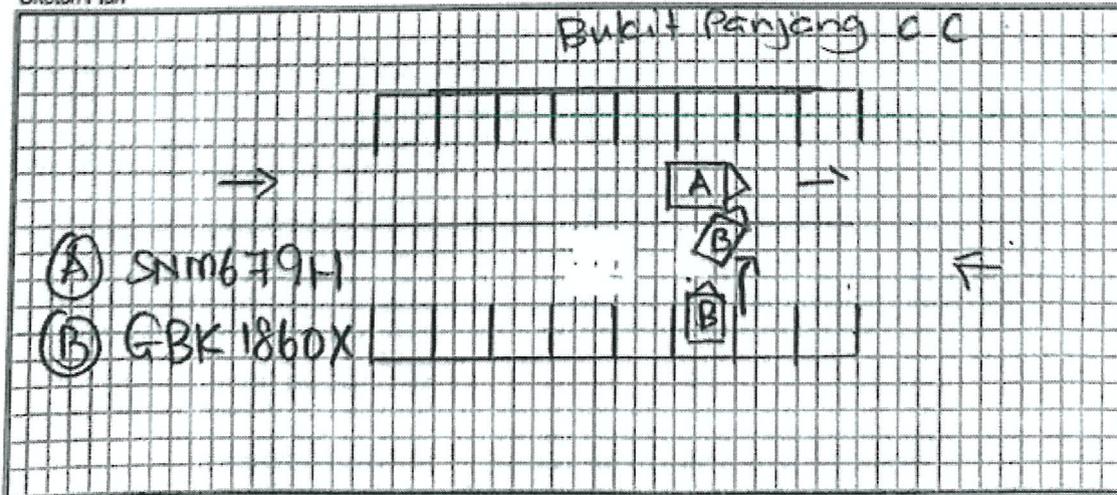
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



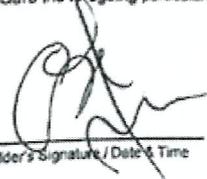
Describe Circumstance of the Accident

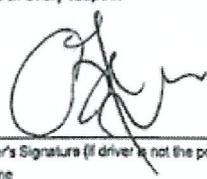
Refer to Police Report

T/20241201/7030

Declaration

We declare the foregoing particulars are true in every respect


Policyholder's Signature / Date & Time


Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel
(Name as in NRICAD card)



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN TECK CHAI	ID No.	S7674183B
Related Vehicle	SNM679H (Motor car)	Contact No.	98513454
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Serious

Brief Details.

On the stated date and time, I was driving SNM679H along the service road at the open space carpark beside Bukit Panjang CC when GBK1860X which was inside the parking lot on my right abruptly dashed out and crashed into my front right portion.

I was caught off guard by the sudden impact and knocked my left knee against the centre console as my vehicle rocked violently sideways.

After the accident, I started feeling aches over my neck, right shoulder, upper and lower back areas.

The pain in my left knee also gotten worse.

As such, I sought treatment at Bright View Clinic near my place the following day and was given 3 days MC for injuries caused by the accident.



**SINGAPORE
POLICE FORCE**



T/20241201/7030

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20241201/7030

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / GOH SEOW PING SHAYE Contact No.: 65476310

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 01/12/2024 13:30
Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7674183B**
 Name: **TAN TECK CHAI**

Birth Date: **07 Apr 1976**
 Issue Date: **13 Nov 2003**

000994057B



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S7674183B**

Name: **TAN TECK CHAI**
陳德才

Race: **CHINESE**

Date of Birth: **07-04-1976** Sex: **M**

Country of Birth: **MALAYSIA**





Owner + Driver
SNM679H

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	04 Dec 1999
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	04 Dec 1999

NP 428A

Licence No: **S7674183B**



A8029842



NRIC No: **S7674183B**



Nationality: **MALAYSIAN**

Blood Group: **B+** Date of issue: **13-04-1999**

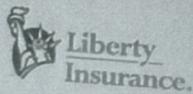
APT BLK 40 SIMS DRIVE #11-217
 SINGAPORE 380040

NRIC No: **S7674183B** Date: **21/09/2011** No: **6867939**

16/12/24

151%

SNM679H



Certificate of Insurance

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189); Motor Vehicles (Third-Party Risks And Compensation) Rules, 1960; Road Transport Act, 1987; Road Transport (Amendment) Act 2019; Motor Vehicles (Third Party Risks) Rules, 1959

Name of Policyholder: TAN TECK CHAI		Certificate No.: SD24V14724/ VPC / R01
Date of Issue: 22 Aug 2024	Effective Date of Commencement: 24 Aug 2024 00:00	Date of Expiry: 23 Aug 2025 23:59
Registration No.: SNM679H	Chassis No.: LGXCE4CB2P2165360	Type of Certificate: MX1

Persons or Classes of Persons entitled to drive*:

- A) The Policyholder.
 - B) Any other person who is driving on the Policyholder's order or with his permission.
- Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

Limitations as to use:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover:

- A) Use for hire or reward.
- B) Use for racing, pace-making, reliability trials or speed-testing.
- C) Use for the carriage of goods (other than samples) in connection with any trade or business.
- D) Use for any purpose in connection with the Motor Trade.

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 are not to be included under these headings.

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987.

For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers

For Information Only:

Coverage(s):	Comprehensive, Unlimited Windscreen, NCD Protection, Loss of Use (BMW)
Sum Insured:	MARKET VALUE AT THE TIME OF LOSS
Excess:	Section 1 S\$1500, Additional Excess for Young & Inexperienced Drivers S\$2500, Windscreen Excess S\$200
Name of Finance Company:	HL BANK
Name of Producer:	SD CONTEGO SERVICES (A1429-3)

OF SIN
87
TAN
陳